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CONFIRMATION NO. 4092

Bib Data Sheet

SERIAL NUMBER 10/531,967	FILING OR 371(c) DATE 09/13/2005 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. ON/4-32739A
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/EP03/11601 10/20/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED KINGDOM 0224455,6 10/21/2002

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 09/21/2006

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY SWEDEN	SHEETS DRAWING 0	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance				

**ADDRESS**

1095

**TITLE**

Treatment of uveal melanoma

FILING FEE RECEIVED 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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